**The Samaritan House of Orangeburg County, Incorporated**

**VOLUNTEER APPLICATION FORM**

**Please Print Legibly.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Emergency Name& Contact#) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Education Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation (Student/Employed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Schedule (check days and times available)

**DAYS BEST AVAILABLE TIMES**

\_\_\_\_\_Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Sunday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like to volunteer with TSH? (**View list of Volunteer Opportunities**)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

## **The Samaritan House of Orangeburg County, Incorporated**

## **VOLUNTEER OPPORTUNITIES’ FORM**

###### **Please check area(s) of interest**

**\_\_\_\_Instructional & Group Volunteers**

* Teach residents of TSH functional skills. Examples could include making crafts, life/parenting skills, budgeting, computer training, resume development, literacy skills, etc.
* Assist Shelter Director and Volunteer Coordinator with daily shelter tasks as assigned
* Engage in activities and resources that will benefit the community and the shelter

**\_\_\_\_Spiritual Enrichment**

* Conduct devotionals, worship service and Bible Study
* Petition for community outreach programs and volunteers to assist with spiritual enrichment.

**\_\_\_\_Coaching & Mentoring Volunteer (Children’s/Youth Volunteer)**

* Assist Case Manager/Intake Coordinator with mentoring and developing skills to enhance the youth lives, their academics and family bonds
* Promote and empower youth programs and activities assigned by the shelter case manager
* Involve youth in projects, decision making and provide feedback

**\_\_\_\_Adult (Individual) Mentoring Volunteer**

* Assist Case Manager/Intake Coordinator with creating a positive non-threatening learning environment
* Create a wide-range of opportunities for professional development and growth
* Assist and encourage attendance for mandatory shelter trainings and meetings and provide feedback

###### **\_\_\_\_ Kitchen Assistant Volunteer**

* Assist with food and beverage preparation, serving, and clean-up.
* Stock pantry and keep it neat and clean.
* Clean refrigerators and ensure unused items are discarded.
* Sanitize kitchen as scheduled.
* Provide guidance on sanitization/food service.
* Provide meals 3 times a day to non-residents.

###### **\_\_\_\_Hospitality/Receptionist Volunteer**

* Professionally answer, receive, transfer, and distribute messages using a multi-line telephone system.
* Ensures Residents sign in and out when exiting and returning to the shelter.
* Check Residents bags to ensure the shelter’s policies and procedures are followed.
* Ensure all donations are accurately recorded.
* Assist with the shelter’s monthly volunteer report.
* Assist with distributing meals (Breakfast, Lunch and Dinner) to Non-Residence

**\_\_\_\_Greeter Volunteer**

* Work in the day room and are available to answer questions when residents first enter TSH.
* Chat with residents and share information on TSH services with residents new to the facility.
* Check bags of potential residents for items that should not be brought into the facility.

###### **\_\_\_\_ Shelter Assistant Volunteer**

* Sign residents into the room.
* Make sure they have clean linen for their bed.
* Give each a hygiene packet.
* Provide them with a change of clothing, if needed.
* Sort, label, and stock donated items.

**\_\_\_\_ Case Management Assistant Volunteer**

* Intake Assistant – take applications on prospective residents.
* Assist Case Manager.
* Sort, label, and stock donated items.

###### **\_\_\_\_Office Assistant Volunteer**

* Provide data entry, filing, mailings, copying, and general clerical work.
* Manage/Organize files and documents.
* Assist in coordinating meetings/appointments.
* Order and Maintain Office Supplies
* Assist with basic bookkeeping.
* Provide general support to other staff members.

###### **\_\_\_\_ Computer Technician/Technology Volunteer**

* Update hardware and software for all computers.
* Provide social media development and updates.
* Provide newsletter/brochure development and updates.

###### **\_\_\_\_ Instruction Volunteer**

* Teach residents of TSH functional skills. Examples could include making crafts, parenting skills, budgeting, computer training, resume development, literacy skills, etc.

###### **\_\_\_\_ Donation Volunteer**

* Solicit, receive, sort and/or manage donations from the community for use by residents.
* Maintain listing of needed items.
* Secure contact information on donor.
* Ensure the storeroom is maintained in an orderly fashion at all times.

**\_\_\_\_ Spiritual Enrichment**

* Conduct devotionals, worship service, Bible Study, mentoring.
* Solicit community volunteers to provide spiritual enrichment.

**\_\_\_\_ Facility Management**

* Assist with minor repairs, maintenance issues, upkeep of building, etc.
* Coordinate and manage maintenance and repairs such as cleaning, landscaping, plumbing, and electrical, HVAC system, etc.

**\_\_\_\_ Transportation Volunteer**

* Assist with travel assignments for residents to and from appointments, occasional grocery shopping needs.
* Ensure the safety and comfort of passengers during transportation.
* Maintain clean and well-maintained vehicles.
* Coordinate pick up/drop off times and locations with Case Managers
* Keep track of trips and mileage for reporting
* Adhere to any specific guidelines/requirements set by The Samaritan House Policies, Rules, and Regulations

I am volunteering for the above checked (✓ ) assignment(s):

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Samaritan House of Orangeburg County, Incorporated**

**VOLUNTEER AGREEMENT FORM**

The Volunteer Agreement is intended to ensure an understanding between The Samaritan House of Orangeburg County, Incorporated and volunteers regarding the organization’s policies and procedures.

**Volunteer Agreement**

**Agency**

We, The Samaritan House of Orangeburg County, Incorporated, agree to accept the services of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (volunteer’s name) beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

And we commit:

1. To provide accurate information, training, and assistance.
2. To ensure supervision and provide job assessment and feedback.
3. To respect the skills and individual needs of the volunteer.

**Volunteer**

**I**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (volunteer’s name), agree to serve as a volunteer and commit:

1. To perform volunteer duties to the best of my ability.
2. To follow agency rules policies, and procedures, including recordkeeping requirements and confidentiality of agency and client information.
3. To meet time and duty commitments or to provide adequate notice so that alternate arrangements can be made.

**Agreed to:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer’s Signature** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Representative’s Signature** **Date**

**The Samaritan House of Orangeburg County, Incorporated**

**VOLUNTEER CONSENT FORM**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** understand that as a **Volunteer** at The Samaritan House (TSH) of Orangeburg County, Incorporated, that I **am not** an employee of TSH. I understand as a **Volunteer** that I may be terminated from serving with TSH with or without cause, and that I am free to terminate my volunteer service with TSH with or without cause. Any representation by any of TSH officers or employees contrary to this policy is not binding upon TSH unless it is in writing and is signed by the Executive Director and the Board of Directors. I agree to follow, to the best of my ability, the guidelines in the Volunteer Handbook. Should I have questions, I will speak with the Executive Director or his/her designee.

**My signature below indicates I will do my best to:**

1. Follow all organization expectations described in the Volunteer Handbook.
2. Provide accurate and necessary information for background screening.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer’s Name – Print Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer’s Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Director/Designee’s Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Coordinator Signature Date**

**The Samaritan House of Orangeburg County, Incorporated**

**INFORMED CONSENT FORM**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** intend to participate with TSH of Orangeburg County, Incorporated as a volunteer and understand that while I am volunteering, I may have access to confidential information concerning individuals who receive service through our agency. I agree not to discuss any of the guests by name or identifying information with anyone but TSH staff. I will not discuss guests with any other guests, and I will treat all guests with dignity, respect, and concern as their rights as individuals. I have read and understand the policies and procedures for working with guests.

I understand that I may be required to attend an orientation, volunteer training, volunteer meetings, and in-service training. In return, the staff at TSH will provide me with any resources and support I need to fulfill my responsibilities. I agree to notify those in charge if I plan to miss a day that I agreed to attend.

I agree to follow the guidelines and procedures of TSH while volunteering my services. I have read and understand all of the above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer’s Name – Print Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer’s Signature**

**OFFICE USE ONLY**

Job Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Placed \_\_\_\_\_\_\_\_\_

Work Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data Entry \_\_\_\_\_\_\_\_

Orientation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date – Month/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Background Check Needed? \_\_\_ YES \_\_\_ NO Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement and Authorization for Background Check**

**The Samaritan House of Orangeburg County, Incorporated**

**Disclosure and Authorization for Background Check**

**AGREEMENT**

As a condition of my candidacy for Volunteer Service with TSH, I understand that TSH will conduct a background check about me for volunteer purposes. *This is not a credit check.*

As a part of the application process for Volunteer Service at TSH, I acknowledge and understand that TSH may seek and obtain investigative reports. I further acknowledge and understand that the reports may be used for the following purposes:

* Considering my application as a Volunteer.
* Deciding whether to offer me a position as a Volunteer with TSH.
* Doing periodic rescreening of current Volunteers; and/or
* Making any other Volunteer decisions affecting me.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected during the check will be kept confidential.

If I am serving as a Volunteer, this **Disclosure and Authorization** shall remain in effect for the length of my service. I agree that a fax, photocopy or electronic copy of this **Disclosure and Authorization** with my signature will be accepted with the same authority as the original. I understand that at my request, I will be given a copy of the Report.

I represent to the best of my knowledge that all information provided below is accurate, true, and correct, and that I fully understand the terms of this **Disclosure and Authorization.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer’s Signature Print**

**The Samaritan House of Orangeburg County, Incorporated**

**Background Check Permission Form**

I hereby allow The Samaritan House of Orangeburg County, Inc. to perform a check of my background, including:

* Criminal Records
* Sexual Offenders Registry (SC & National)
* Traffic Violations/Suspension (Transportation Volunteers Only)

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of the background check to give their full and honest evaluation of my suitability for the described volunteer work and other such information as they deem appropriate.

I am an applicant for the position(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at The Samaritan House of Orangeburg County, Incorporated.

Printed Name: (first, middle, maiden and last):

Other Names Used:

Current Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer’s Signature Date**

**Approved: July 16, 2020**

**Revised: December 12, 2023**